

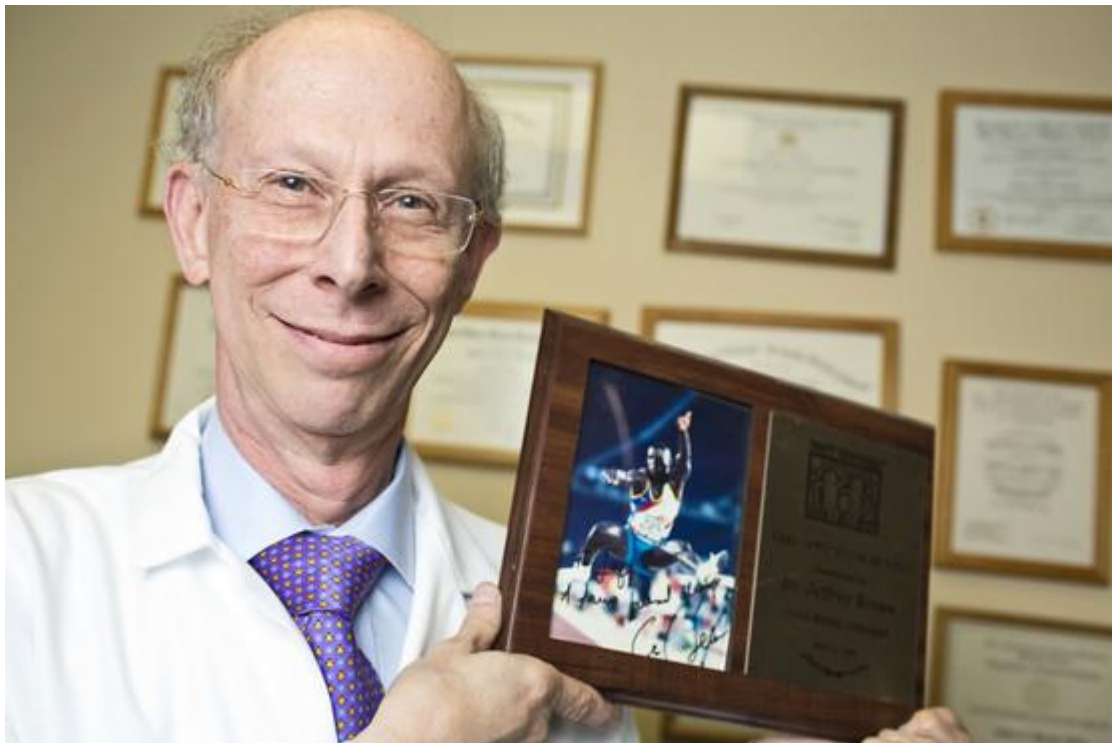
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U.S. Track's Unconventional Physician Dr. Brown treats runners for a disorder not known to afflict them. His patients' medal count: 15 Olympic golds

By [SARA GERMANO](#) and [KEVIN CLARK](#)



Eric Kayne for The Wall Street Journal

Jeffrey Brown keeps in his medical office a photograph of Carl Lewis, his former patient.

HOUSTON—On the wall of the medical office of Jeffrey S. Brown is a photograph of Carl Lewis, the nine-time Olympic gold medalist. Lewis is one of several former or current patients of Brown's who have climbed the Olympic podium, including Galen Rupp, who won a silver medal in the 10,000 meters at the London Olympics.

"The patients I've treated have won 15 Olympic gold medals," said Brown.

Among endocrinologists, Brown stands almost alone in believing that endurance athletics can induce early onset of a hormonal imbalance called hypothyroidism, the condition with which he diagnosed Lewis and Rupp. Brown said he knows of no other

endocrinologists treating athletes for hypothyroidism, a fatigue-causing condition that typically strikes women middle-aged or older.

Several endocrinology leaders had never heard of hypothyroidism striking young athletes.

"To see large numbers of young, athletic males being treated for thyroid deficiency would be certainly considered unusual, if not a bit suspicious," said Ian Hay, a Mayo Clinic endocrinologist who has practiced for 40 years. P. Reed Larsen, a Harvard Medical School endocrinologist, said, "I can't remember hearing or reading on [thyroid disorders in athletics] and I tend to be more of an investigator-type physician."

In athletic circles, Brown is a medical hero. He's a paid medical consultant to [Nike Inc. NKE -1.01%](#) The most renowned running coach at Nike, Alberto Salazar, calls Brown the best sports endocrinologist in the world. And athletes in growing numbers are coming to share Brown's belief that heavy training can suppress the body's production of the thyroid hormone, leaving them too exhausted to perform at peak.

Medical privacy rules forbid Brown from naming all the athletes he has treated for that condition. But among those who have publicly acknowledged being treated for thyroid problems by Brown or unnamed other physicians are American runners Ryan Hall, Galen Rupp, Amy Yoder Begley, Bob Kennedy and Patrick Smyth. "I knew hypothyroidism was kind of like something that was being diagnosed more among elite runners," said Smyth, a marathoner who in 2011 started feeling chronically tired. When a physician near his California home found no evidence of thyroid dysfunction, Smyth flew to Houston to see Brown, who conducted some blood tests and diagnosed him with the condition. Smyth, now retired, said the medication never enhanced his performance.

Rupp declined to comment, but said publicly in 2006 that Brown diagnosed him as hypothyroid. Hall and Lewis didn't respond to requests for comment. Begley said she remains a patient of Brown's because "he's the most thorough endocrinologist I've ever seen." Kennedy, now retired, said he never received performance benefits from hypothyroid medication.

The medication typically prescribed for hypothyroid is a synthetic thyroid hormone known generically as levothyroxine. That drug is not a banned substance by the World Anti-Doping Agency and by all accounts has never been shown to enhance performance. Taking it requires no disclosure, and no permission from antidoping authorities.

But in the wake of doping scandals all across the sporting world, athletic websites are rife with speculation about hypothyroid medication being used as a performance-enhancing drug. After all, proving that a drug improves performance is often difficult. Even human growth hormone—a commonly abused and long-banned substance—hasn't been shown definitively to enhance performance.



Imago/Zuma Press

Brown also treated Olympian Galen Rupp.

A pioneer of drug testing, Don Catlin, noted in an interview that athletes always have been a step ahead of drug testers in finding shortcuts to improved performance. Aware that diagnosis of thyroid disorders among athletes is increasing, Catlin said he suspected that the some athletes were using the medication to enhance performance.

As a doctor and a former longtime member of the International Olympic Committee's medical committee, Catlin said that thyroid hormone "is a stimulant. If you take it and you don't need it, you're going to be stimulated, to a point."

Some athletes share that belief. Anthony Famiglietti, a 2004 and 2008 Olympian in the steeplechase, stopped taking synthetic thyroid hormone two months after being given a prescription for it in 2011. "[I] missed qualifying for the [2012] Olympic trials in the 3000 meter steeplechase by less than half a second," he wrote in a blog last month. "I have no doubt that I may have grabbed that 0.48 seconds and much more if my body were supplemented by synthetic thyroid hormone."

He wrote that he stopped the medication at the suggestion of his family physician and to "feel better by living a more balanced lifestyle." In an interview, Famiglietti confirmed that he wrote the blog, which identified the physician who diagnosed him only as a physician who had diagnosed "many elite athletes" with hypothyroidism.

Brown is well aware of doping rumors. "The general public seems to think that if you have a medical problem and then you get better, that you're on something [illegal]," he said.

A spokesman for the IOC said that the organization's belief, based on existing evidence, is that thyroid hormone used to excess "might have an anorexic or stimulant effect," but that it's more likely to inhibit than enhance performance.

Brown said that being treated for hypothyroidism gives his athletes an edge over competitors suffering unknowingly from the affliction. Undiagnosed athletes, he said, "think if they work harder, the persistent fatigue and weakness will subside. They think they can train through it."

In endocrinology, a specialty focused on hormonal disorders, debates are common about what constitutes too little or too much of any hormone, and when medication is required to boost or lower levels. Diagnosis of low thyroid hormone are made via blood samples that measure levels of another hormone—called TSH—that induces thyroid production. The higher the TSH level, the lower the level of thyroid hormone production.

But how high is too high? According to American College of Endocrinology literature, the range of normal TSH level is broad, from 0.5 to an upper limit of near 5, depending on a patient's gender, age and other factors. In practice, many endocrinologists consider TSH levels above 4—combined with symptoms such as fatigue—evidence of an underactive thyroid.

Brown and a small camp of other endocrinologists argue that thyroid insufficiency can be signaled by a TSH level as low as 2, for which Brown cites some recently published research. By their standards, about 10% of the population is hypothyroid—double the 5% that is cited by mainstream endocrinology.

Jeffrey Garber, American College of Endocrinology president, said hypothyroidism increasingly is being diagnosed in people who don't have it, by endocrinologists whom Garber labeled as "alternative." "The alternative crowd is saying, 'Gee, this is why you're not feeling better, because these [mainstream] doctors are clueless,' " Garber said.

Even within the camp arguing for a broader definition of hypothyroidism, Brown stands apart for diagnosing it in young athletes. It's unclear exactly how many elite athletes are being treated for thyroid disorders, but of the 30 athletes who have trained with Salazar as part of Nike's elite team of distance runners, he said that five—or 17% -- have been diagnosed with hypothyroidism. In a specialty accustomed to treating older women, Brown calls himself a pioneer for finding hypothyroidism in young athletes.

Comparing himself with a television doctor known for a dogged determination in finding the right diagnosis, Brown said, "I'm like that guy House on TV. I'm like a detective."

Brown, a graduate of Rosalind Franklin University's medical school in North Chicago, Ill., argues that the diagnosis of hypothyroid in endurance athletes is consistent with research showing that extreme stress is often a trigger for the condition. "The question is whether athlete training is sufficient enough a stressor to be a trigger. In my opinion, it is."

But other endocrinologists remain skeptical. "If we're developing a pandemic [among athletes], we should get our friends from the Centers for Disease Control to do some epidemiology on this," said Hay of the Mayo Clinic.

Brown says that athletes represent a minority of his practice. His reputation among them soared after he diagnosed Carl Lewis as hypothyroid ahead of the 1996 Olympics. Overcome with lethargy as he struggled to earn a berth in his fourth Olympics, Lewis quickly improved after being treated by Brown.

"The way Dr. Brown explained it, maybe I'm missing only 5% of my body's capacity to perform, which would be virtually impossible for most people to notice in their daily activities," Lewis wrote in his 1996 book, "One More Victory Lap." "But 5% is huge for a track and field athlete, " he added.

After treating Lewis, Brown watched on television from Houston as his patient, competing in the U.S. Olympic trials, fell prey to cramps. Watching in disbelief as USA Track & Field trainers tried treating the athlete with saline, Brown caught the first flight to Atlanta.

"I flew to Atlanta, met with the people of USATF and they said 'How can I help you?' " Brown recalled.

"I told them 'You can't help me, but I can help you.' " He explained why Lewis's newly-diagnosed thyroid disorder made saline an inappropriate remedy for cramps. "So one of the [team doctors] looked around at the others and he said, 'You're right. How would you like to be our consultant?' "

In interviews, Brown repeatedly called himself a consultant to the USATF and to the U.S. Olympic Committee. Both agencies, while acknowledging that they have referred athletes to Brown, said he wasn't a consultant. When asked about that, Brown said, "I don't know, they're sort of loosely run."

Nike Inc. said it pays Brown to evaluate Nike athletes' medical tests.

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Corrections & Amplifications

Carl Lewis was competing to gain entry to his fourth Olympic Games shortly after being diagnosed with hypothyroidism in 1996. An earlier version of this article misstated it as his third Olympics.